



PATENT
Attorney Docket No. 50442.010200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS
BEING DEPOSITED WITH THE UNITED STATES POSTAL
SERVICE, WITH SUFFICIENT POSTAGE AS FIRST CLASS
MAIL IN AN ENVELOPE TO: COMMISSIONER FOR
PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22315-1450.
ON March 15, 2005
BY Sandra Ferony
SANDRA FERONY

1. Transmitted herewith is a Response and Amendment Under 37 C.F.R. §1.111 in response to the outstanding Non-final Office Action mailed on September 15, 2004, in the above-referenced application.
 2. Additional papers enclosed:
 - Drawings: Formal (Corrections) Informal
 - Information Disclosure Statement (PTO Form 1449 and 27 Listed References)
 - Submission of "Sequence Listing." Computer readable copy and/or amendment pertaining thereto for biotechnology invention containing nucleotide and/or amino acid sequence.
 3. EXTENSION OF TIME
The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136(a) apply.
 - Applicants believe that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicants have inadvertently overlooked the need for a petition and fee for extension of time.

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- Applicant petitions for an extension of time, the fees for which are set out in 37 C.F.R. § 1.17(a)-(d), for the total number of months checked below:

Total Months <u>Requested</u>	Fee for <u>Extension</u>	Fee for Small <u>Entity</u>
[] one month	\$120.00	\$ 60.00
[] two months	\$450.00	\$225.00
<input checked="" type="checkbox"/> three months	\$1020.00	\$510.00
[] four months	\$1,590.00	\$795.00

- Extension of time fee due with this request: \$510.00. A check for \$510.00 is enclosed.
- If an extension of time is required, please consider this a Petition therefor.

An extension for ___ months has already been secured and the fee paid therefor of \$___ is deduced from the total fee due for the total months of extension now requested.

4. Fee Calculation

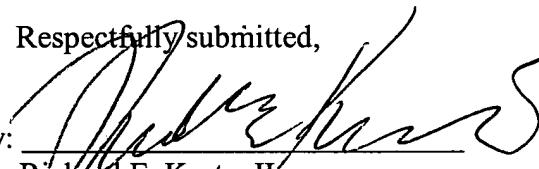
CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	At Rate Of	Total Fees
Total Claims	25	Minus	25	0	x \$25.00 each =	+\$ 00.00
Independent Claims	8	Minus	8	0	x \$100.00 each =	+\$ 00.00
First presentation of multiple dependent claim(s)						
TOTAL FEE =						\$ 00.00

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5. Fee Payment

- No Fee is to be paid at this time
- The Commissioner is hereby authorized to charge \$ _____ to Deposit Account No. 50-0653, for addition of _____ dependent claims in excess _____ previously paid.
- The Commissioner is also hereby authorized to charge any deficiencies in payment of the following fees associated with this communication or credit any overpayment to **Deposit Account No. 50-0653.**

Date: March 15, 2005

Respectfully submitted,
By: 
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